



OLIFF & BERRIDGE, PLC  
P.O. Box 19928  
Alexandria, Virginia 22320  
Telephone: (703) 836-6400  
Facsimile: (703) 836-2787

PATENT APPLICATION

Attorney Docket No.: 110227

AMENDMENT TRANSMITTAL

In re the Application of

Hideki MATSUDA

Group Art Unit: 2672

Application No.: 09/916,677

Examiner: M. Luu

Filed: July 30, 2001

For: ENVIRONMENT-COMPLIANT IMAGE DISPLAY SYSTEM AND PROGRAM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

JUL 29 2003

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.  
☐ Small entity status of this application has been established.

The filing fee has been calculated as shown below:

|  | (Column 1)                       | (Column 2)                      | (Column 3)    | SMALL ENTITY |           | OR | OTHER THAN A SMALL ENTITY |           |
|--|----------------------------------|---------------------------------|---------------|--------------|-----------|----|---------------------------|-----------|
|  | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE         | ADD'L FEE |    | RATE                      | ADD'L FEE |
| TOTAL CLAIMS   | *30 MINUS                        | **20                            | =10           | x 9          | \$        | OR | x 18                      | \$180     |
| INDEP CLAIMS   | *6 MINUS                         | ***3                            | =3            | x 42         | \$        |    | x 84                      | \$252     |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                  |                                 |               | +140         | \$        | OR | +280                      | \$        |
|  |                                  |                                 |               |              | \$        |    |                           | \$432     |

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 144535 in the amount of \$432 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff  
Registration No. 27,075

Linda M. Saltiel  
Registration No. 51,122

JAO:LMS/rxg

Date: July 25, 2003